TRICARE - MILITARY HEALTH CARE Basic Information on Your Options and How to Access Care



Make an informed choice for your family's health care needs! You will save time, effort, and money!



TRICARE is a regionally-managed program. TRICARE regional contractors should be your first stop for info on enrollment, covered benefits, access standards, claim filing, costs, obtaining an NAS, who to on the web at www.tricare.ogd.min, etc. See inside of this card for TRICARE-regional information or on the web at www.tricare.ogd.min.

There are three options under the TRICARE program: TRICARE Prime, Extra, and Standard. Active duty (AD) members are automatically enrolled in TRICARE Prime, but retirees and all family members must decide which TRICARE option is best for them.

<u>SPECIAL NOTE</u>: All military benefits (including those for family members) are accessed using the military member's social security number (SSN). Make sure all eligible family members have the sponsor's SSN <u>readity available</u>.

This card prepared by the 59 MDW Marketing Office.

QUICK FACTS ON TRICARE OPTIONS

TRICARE Prime for AD families:

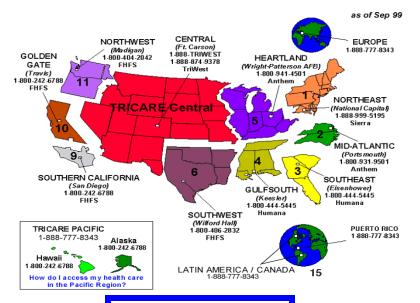
- Priority access to care is given to all TRICARE Prime enrollees.
- Enrollment is required for the region where the individual lives
- No annual enrollment fee and little or no other costs.
- Enrollees are assigned to a Primary Care Manager (PCM) who provides all care or gives authorization for a referral to a specialist.
- Greatest continuity of care and preventive health care is stressed.

TRICARE Standard:

- Space-available at all MTFs.
- Highest costs compared to other TRICARE options.
- Best option if you have other health insurance. TRICARE will pay second.
- Rely on civilian medical providers of your choice for your healthcare needs.
- May need a Non-Availability Statement (NAS) for certain care (maternity, inpatient, outpatient surgery, etc.) if living within 40 miles of an MTF.

TRICARE Extra:

- Same as TRICARE Standard except;
- Must use TRICARE network providers (Lists of providers are on the web or at the nearest TSC).
- Lower costs compared to TRICARE Standard and no claims filing.



HOW TO ACCESS CARE

<u>OBTAINING CARE</u>: <u>EMERGENCIES</u> - Call 911 or go to the nearest hospital.

- New to the military: First call your TRICARE Regional Contractor (above) before getting any non-emergency care for your family members.
- TRICARE Prime enrollees must call to get authorization before obtaining non-emergency care away from their PCM, within 24 hours for emergencies.
- All care must be obtained directly from the PCM or authorized BEFORE getting care elsewhere. Call the TSC or Health Care Finder for preauthorization.
- If authorization is not obtained (except for emergencies), claims will be processed
- as Point of Service, with a \$300 deductible and 50% of the allowed charges.
- Non-enrollees should always check to see if the needed care is a covered benefit or if an NAS is required.

TRICARE PRIME ENROLLMENT PROCEDURES:

- Enroll your family as soon as possible (preferably before the 20th of the month) for enrollment to begin the first of the next month.
- Go to the nearest TSC or call the TRICARE regional contractor for enrollment applications.
- Non-enrollees will be space-available (deductible and costshares will apply.)

<u>IMPORTANT:</u> ** Notify your Commander or First Sergeant if you have a family member (spouse or child) that has special medical conditions (including maternity.)